

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/03/244

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	1		1										
TOTAL DER.	14		11										
TOTAL CLAIMS	15		12										
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TOTAL CLAIMS													

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS